

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Alan T. Schachtely et al. :  
Serial No.: 10/829,585 : Art Unit: 2121  
Filed: April 22, 2004 : Examiner: Gami, Tejal  
For: METHODS AND SYSTEMS FOR :  
MONITORING AND DIAGNOSING :  
MACHINERY :

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:
  1. Amendment Transmittal (3 pages)
  2. Amendment (14 pages)

**STATUS**

2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 120.00	\$ 60.00
_____ second month	\$ 450.00	\$ 225.00

_____ third month	\$ 1,020.00	\$ 510.00
_____ fourth month	\$1,590.00	\$ 795.00
_____ fifth month	\$2,160.00	\$1,080.00

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$\_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMDT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL INDEP.	_____	MINUS	_____	=	x \$25.00 = \$		x \$50.00 = \$
	_____	MINUS	_____	=	x \$100.00 = \$		x \$200.00 = \$
_____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$180.00 = \$		+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

**FEE PAYMENT**

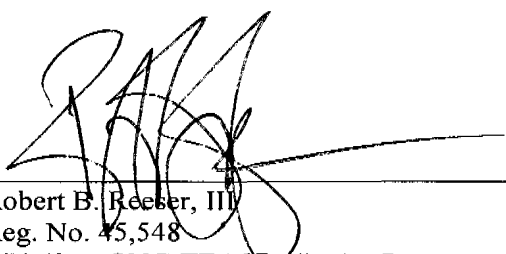
5. Attached is a check in the sum of \$\_\_\_\_\_.
- ☐ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_.  
A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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